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FACSIMILE TRANSMISSION COVER SHEET

DATE: December 9, 2004 OUR REF: GBR-100-A YOUR REF: application S.N. 10/780,006

TO (COMPANY): _____ USPTO Examining Group 1724 _____

ATTN: _____ Examiner Christopher Upton

FROM: _____ William Blackman, Reg. No. 32, 397 _____

FAX NO. CALLED: _____ (703) 872-9306 _____ NO. OF PAGES (Including this page) 18

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MESSAGE: _____ The following is a applicant's AMENDMENT A, for review by Examiner Upton, and for entry into the application file. This amendment includes:

- a complete claim listing,
- a replacement paragraph for paragraph [037] of the specification,
- a Deposit Account Authorization with duplicate copy, and
- a certificate of facsimile transmission.

ALSO ENCLOSED - PETITION FOR 1-MO. EXTENSION OF TIME
DECLARATION OF BRIAN GROTH UNDER 37 CFR 1.132
EXHIBIT A IN SUPPORT OF DECLARATION -

CONFIDENTIALITY NOTICE

(Description of Independent Test Results)

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USSN 10/780,006

Attorney Docket GBR-1004


The Commissioner is hereby authorized to charge \$150.00, for one additional independent claim in excess of three and two additional claims in excess of twenty. The Commissioner is further authorized to charge any deficiency or credit any overpayment, during the entire pendency of the present application, to Deposit Account 50-0744 in the name of Carrier, Blackman & Associates, P.C. A duplicate copy of this sheet is enclosed.

If the Examiner is not fully convinced of all of the claims now in the application, applicant respectfully requests that he telephonically contact applicant's undersigned representative to expeditiously resolve prosecution of the application.

Favorable consideration is respectfully requested.

Customer No. 21828
Carrier, Blackman & Associates, P.C.
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February 25, 2005

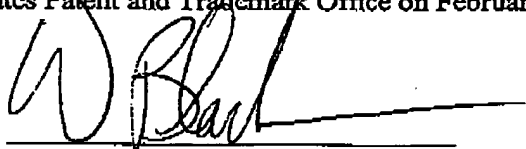
Respectfully submitted,


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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted, via facsimile, to Examining Group 3617 of the United States Patent and Trademark Office on February 25, 2005, at the number (703) 872-9306.

WDB/kmm



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